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Headline: Teleconference saves time and money
By Earl Hicks, BUMED Public Affairs

WASHINGTON, D.C.--New communications technology, most recently associated with telemedicine, now also contributes to medical readiness. That technology use was christened February 3 at the Navy Surgeon General's weekly staff meeting. Teleconferencing immediately became a working example of moving information, not people.

In the Visiting Commanding Officers Program segment, Captain Herbert Speir, commanding officer of Naval Hospital, Naples, Italy, was electronically on deck to describe his hospital's activities, goals and strategic plans. In his presentation, CAPT Speir detailed construction progress on the new hospital at Aversa, which is scheduled to open in 2001; told BUMED staff how successful his medical crew had been in smoking cessation, and he related preparations for physical readiness tests, among other information. Graphic illustrations, downlinked before the meeting and displayed locally, amplified information with color and design.

As the meeting progressed, BUMED staff seated in the Medal of Honor Hall exchanged questions and answers with CAPT Speir, as if he were physically present. The downlink signal remained solid throughout the session, and his facilities presentation details about clinics at LaMaddalena, Capodichino and the new hospital were as signal clear as information at the beginning of the program.

Captain Speir also commented about several other medical issues, including his hospital's fleet liaison functions. Sharing the information was important, but also significantly, the information transfer happened without people traveling great distances, therefore

saving travel and lodging costs. The effort was so successful that all future visiting commanding officers' briefs will happen across data links.

Continuity in reporting is an added benefit of this approach. Previously, medical and dental and other facility commanding officers would visit BUMED one time during their tours. Now, with the rotation of the Visiting Commanders Program briefs, the game plan is to have the commanding officers contribute annually to the surgeon general's "weekly lineup."

Bringing a teleconference capability online was a team effort. The Management Information Department worked with some other BUMED departments, Bell Atlantic and other vendors. Their final system choice was the PictureTel unit with voice-activated microphone and a sensor that allows the camera to "follow the speaker."

After installation was completed, a successful datalink was not left to chance. Data units are tested one week before a scheduled meeting and again one hour before the meeting.

System failure contingency plans are also in place. The unit comprises an audio-visual and speaker-phone capability. If the audio-visual fails, then the meeting will be conducted using only the audio of the speaker phone. If both options fail, the commanding officer's presentation will be scheduled for another time.

Lieutenant Commander John Saunders, MSC, and executive assistant to RADM Jerry Johnson, assistant chief for plans, analysis and evaluation, offered an important consideration for commanders using teleconferencing instead of traveling for the Visiting Commanding Officers program.

"It keeps the commanding officers where they need to be," he said.

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Headline: Performance awards make internet news
By HM2 Alda Boster, Naval Hospital, Naples

NAPLES, Italy--A usually routine ceremony recognizing personnel's accomplishments recently had a new technological twist for U.S. Naval Hospital Naples, Italy.

This time outstanding Sailors had their awards recorded with a digital camera and within two hours pictures of the event were loaded onto the internet

"It's quick and easy," said LT Michael Whitecar, head of Management Information Systems (MIS). "The best part is moms, dads, aunts and uncles will now see their "distant" relatives receiving their awards only hours after the presentation."

Hospital staff knew that they could use the internet to publicize the dedication and success of USNH Naples personnel. It just took working with the MIS team to make it happen. The proof of their effort can be seen at <http://192.101.126.101>.

One of the first beneficiaries of this new technology was HM3 Scott Cerreta, who was awarded 1997 Junior Sailor of the Year. After the ceremony, Cerreta phoned his parents, brother and an aunt to tell them they could see the good news on their computers.

Speed and ease of use prompted were motivators for introducing digital image technology for the hospital -- money was also a

consideration.

"A digital camera is less expensive than a regular 35-mm camera," said Whitecar. "Point [the camera] and shoot the image, then save it. There is no cost to process film."

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Headline: Medical personnel train with life-saving equipment for use in combat

By HMC Cindy Hipp, Naval Hospital Camp Lejeune

JACKSONVILLE, Fla.--Combat situations present medical support challenges for the fleet hospital. One of those challenges is ensuring that medical personnel are trained to use the equipment packages assigned to these field units.

Unlike equipment found in most fixed hospitals, field equipment is more austere and compact, and occasionally lacks some conveniences. Also, most hospital-based medical equipment is so specialized in design that intensive training is needed to use it effectively. The same is true of the equipment in the Fleet hospital inventory. Because medical equipment familiarization is not usually part of the traditional training, another training approach was developed.

To prepare medical personnel to use equipment as close to combat situations as training could produce, the Fleet Hospital Training Equipment Set (FHTES) was created.

A dedication ceremony January 16 at Camp Lejeune commemorated establishment of Navy Medicine's first FHTES. It is located on the grounds of the Naval Hospital, which is one of six military medical treatment facilities with a primary mission of directly supporting a Fleet hospital. The Fleet hospital provides comprehensive medical support in a combat zone to Fleet and Fleet Marine forces engaged in combat.

The FHTES unit has 100-beds and fully functional clinical and support areas, including an operating room, surgical ward and recovery area, full radiology and laboratory services, blood bank, pharmacy and many other services. Camp Lejeune is ideally suited for the FHTES because of the close proximity to medical battalions and the Naval Hospital. Training involves four levels of patient care ranging from "buddy care" to casualty management as part of ongoing military exercises. In those exercises with Marine units, patients will be treated and medically regulated through the FHTES - just as they would in actual combat.

Naval Hospital and Reserve personnel and staff from other commands, which support Fleet Hospital platforms, will staff the FHTES. In addition to the medical staff, non-medical enlisted support covers a range of ratings such as Data Systems Technician, Gunners Mate (Guns), Journalist, and Mess Specialist, among others.

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Headline: Dentists are concerned about more than just smiles

By CDR R.R. Schwab, DC

OKINAWA, Japan--Although the primary mission of the 3d Dental Battalion, U.S. Naval Dental Center, Okinawa is maintaining a high state of dental operational readiness, it also focuses on more than

just fixing teeth. In keeping with one of the Navy Surgeon General's goals of taking healthcare to the deckplates, the dental command is shifting efforts toward educating patients on complete dental health. Just completing enough dental work so that patients will not have a dental problem while deployed is not enough. The command's goal is to double the number of patients who have all dental work complete and need no dental care.

In addition, the command now has a Health Promotion Committee (HPC) coordinated by CDR (select) Cynthia Shalom. She oversees dental health promotion at local indoctrinations and base festivals. Her committee also monitors the command medical readiness, preventive dentistry, physical readiness training and children's dental health programs.

The command has formed dental wellness teams that brief supported units. The briefs demonstrate the association between equipment maintenance to successful operations and dental care maintenance to successful personnel participation in operations. Graphics, which show Marines cleaning guns, tanks and planes; help them associate the importance of maintaining equipment with maintaining good dental health.

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Headline: Operational Preventive Medicine Course 1998
From Navy Environmental and Preventive Medicine Unit 5

The Operational Preventive Medicine Course will be offered at the Navy Environmental and Preventive Medicine Unit No. 5, Naval Station Box 368143, 3035 Albacore Alley, San Diego, CA 92136-5199 June 8-19.

Instruction will identify mission critical public health concerns in operational settings, with an emphasis on planning and practical management of preventive medicine operations from pre-deployment to post-deployment.

Subjects will include epidemiology, international health care issues, field medical entomology, chemical/biological warfare and industrial hazards of urban warfare, among other topics. An overnight field exercise will also be conducted.

Active duty and reserve Medical Service Corps, Medical Corps, and Nurse Corps Officers and IDCs and PMTs E-7 and above from the Navy, Army, Air Force or Public Health Service are eligible to attend. Students for this course, which is limited to 25 students, must provide a brief statement telling how this course will benefit their current/future billet and command mission.

Students are responsible for their own travel and lodging. Contact NEPMU5 Training Department for more information at DSN: 526-7086, commercial: (619) 556-7086, e-mail: kbchandler@nepmu5.med.navy.mil, or visit the NEPMU5 web site and register online at <http://trout.nosc.mil/~nepmu5>.

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Headline: TRICARE Question & Answer

Question: What is a health risk assessment (HRA)? What is it used for?

Answer: A health risk assessment is a questionnaire that collects information about an individual's lifestyle and health related behaviors. It is used to increase personal awareness of health risks and encourage healthy lifestyles. The information gathered from HRAs is used to develop health promotion programs to increase readiness and improve quality of life.

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Headline: Healthwatch: Small changes net big results

Making substitutions for unhealthy habits doesn't have to be a struggle. Sometimes all it takes is a little creative thinking and a willingness to exchange new habits for old ones. Use this information to get your mind working on the small changes you can make in your life.

Instead of...letting the dog out,
Can you...take it for a walk?

Instead of ...Eating lunch at your desk and immediately going back to work,

Can you...Stop for a moment to think? Get a drink of water or juice? Switch to another task? Go out for a brief walk? Take a few deep breaths?

Instead of...Letting everyday mistakes, hassles, or setbacks cause you to grind your teeth or "blow up" at a coworker,

Can you...Stop for a moment to think? Get a drink of water or juice? Switch to another task? Go for a brief walk?

Instead of...Snacking on high-fat, low-fiber foods, such as donuts or cheese puffs,

Can you...Try a piece of fresh fruit? Enjoy a bowl of unsweetened whole grain cereal? Sip a cup of vegetable barley soup? Keep a supply of carrot sticks or bell pepper strips nearby?

Instead of...Always looking for a parking spot close to the front door,

Can you...Park farther away and walk?

Instead of...Watching tv for several hours while munching on sweets or salty, oily snacks

Can you...Play an indoor sport, such as ping-pong? Catalog your collection of recordings? Catch up on correspondence? Go out dancing?

Instead of...Lighting another cigarette,

Can you...Chew a stick of gum? Call a local agency offering free classes for smokers who want to quit?

Instead of...ordering another cocktail or glass of beer

Can you...order mineral water with lime?

Instead of ...Having another cup of coffee,

Can you...Try a cup of herbal tea, hot broth or hot water with

lemon?

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Feedback and comments are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at e-mail <mednews@us.med.navy.mil>, telephone 202/762-3223(DSN 762-3223), or fax 202/762-3224.

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